

MEDICAID CODING GUIDELINE

Effective: 7-1-02

COLORECTAL SCREENING TESTS

SCREENING GUAIAAC

G0107 Coverage is limited to once every 12 months for patients more than 50 years of age

SCREENING SIGMOIDOSCOPY

G0104 Coverage is limited to once every 48 months on a high risk patient or if 4 years have passed since a screening sigmoidoscopy (non-high risk) and 10 years since the last screening colonoscopy for patients > 50 years old

SCREENING COLONOSCOPY (HIGH RISK)

G0105 Coverage is limited to once every 24 months for patients at **high risk** for colorectal cancer**

SCREENING BARIUM ENEMA

G0106 Done as an alternative to screening sigmoidoscopy, Coverage is limited to once every 48 months for patients >50 years old and who are **not** at high risk for colorectal cancer.

SCREENING COLONOSCOPY (NON-HIGH RISK)

G0121 Coverage is limited to once every 10 years for patients who are **Not at high risk** for colorectal cancer and have not had a screening sigmoidoscopy in the last 48 months or a screening colonoscopy in the last 10 years

** Covered diagnosis for **HIGH RISK screening colonoscopy**:

555.0	Regional enteritis of small intestine
555.1	Regional enteritis of large intestine
555.2	Regional enteritis of small intestine with large intestine
555.9	Regional enteritis of unspecified site
556.0	Ulcerative (chronic) enterocolitis
556.1	Ulcerative (chronic) ileocolitis
556.2	Ulcerative (chronic) proctitis
556.3	Ulcerative (chronic) proctosigmoiditis
556.4	Pseudopolypsis of colon
556.5	Left-sided ulcerative (chronic) colitis
556.6	Universal ulcerative (chronic) pancolitis
556.8	Other ulcerative colitis
556.9	Ulcerative colitis, unspecified
558.2	Toxic gastroenteritis and colitis
558.9	Other and unspecified non-infectious gastroenteritis and colitis
V10.05	Personal history of malignant neoplasm of large intestine
V10.06	Personal history of malignant neoplasm of rectum, rectosigmoid junction and anus
V12.72	Personal history of colon polyps
V16.0	Family history of gastrointestinal malignancy
V18.5	Family history of familial adenomatous polyposis

Screening diagnosis for non-high risk patients:

V76.41 screening for malignant neoplasm of rectum
V76.50 screening for malignant neoplasm of intestine, unspecified
V76.51 screening for malignant neoplasm of colon
MC Part B News, 164, 167, 189
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